FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington,	D.C.	20549
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STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934

	OMB APPROVAL							
	OMB Number:	3235-0287						
	Estimated average burd	den						
- 1	hours nor response:	0.5						

_	Check this box if no longer subject to
$\Box$	Section 16. Form 4 or Form 5 obligations may continue. See
$\cup$	obligations may continue. See
	Instruction 1(b).

				1 110	or Sec	tion 30(h) of the	Investme	nt Con	npany Act	of 19	940	, ,					
1. Name and Address of Reporting Person* <u>Toussaint Claudia S</u>				2. Issuer Name <b>and</b> Ticker or Trading Symbol Xylem Inc. [XYL]								5. Relationship of Reporting (Check all applicable) Director  Officer (give title			Person(s) to Issuer  10% Owner Other (specify	ner	
(Last) (First) (Middle) C/O XYLEM INC.					3. Date of Earliest Transaction (Month/Day/Year) 03/01/2022							]	below)			below)	becliy
1 INTER	NATIONA	L DRIVE			4 If Am	endment Date o	of Original	Filed	(Month/Da	av/Ye	ear)	6 Ir	dividual or .	loint/Groun	Filing (Cl	heck Anr	licable
(Street) RYE BRO	OOK N	Y	10573		4. If Amendment, Date of Original Filed (Month/Day/Year)						Line	Individual or Joint/Group Filing (Check Applicatine)     X Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(S	itate)	(Zip)														
		Tab	le I - Noi	n-Deriv	ative S	ecurities Ac	quired,	Dis	osed c	of, o	r Ben	eficiall	y Owned				
1. Title of Security (Instr. 3)  2. Transa Date (Month/D				2A. Deemed Execution Date, if any (Month/Day/Year)	Code (	Transaction Dispo		rities Acquired (A) ed Of (D) (Instr. 3, 4			Securitie Beneficia Owned F	5. Amount of Securities Beneficially Owned Following		rect c direct E 4) (	7. Nature of Indirect Beneficial Ownership		
						Code	v	Amount (		(A) or (D)	Price	Reported Transact (Instr. 3 a	ion(s)			(Instr. 4)	
Common	Stock			03/01	/2022		F		263 <sup>(1</sup>	.)	D	\$86.7	6 54,7	54,729 <sup>(2)</sup>			
Common	Stock			03/01	/2022		A		2,882	(3)	A	\$0.00	57,6	57,611 <sup>(2)</sup> D			
		-				urities Acq ls, warrants							Owned				
Derivative Security (Instr. 3)	erivative Conversion Date Execution Date, Tourity or Exercise (Month/Day/Year) if any C		1. Fransaction Code (Instr. 3)		6. Date Exercisable and Expiration Date (Month/Day/Year)			7. Title and Amo of Securities Underlying Derivative Secu (Instr. 3 and 4)		s security	8. Price of Derivative Security (Instr. 5) Beneficial Owned Following Reported Transactic (Instr. 4)		Ow For Dir Or (I)	vnership rm: ect (D) Indirect (Instr. 4)	11. Nature of Indirect Beneficial Ownershi (Instr. 4)		

## **Explanation of Responses:**

\$86.76

1. Reflects the withholding of common stock to pay the tax liability incident to the vesting of restricted stock units granted on March 1, 2021 under the Xylem 2011 Omnibus Incentive Plan

(A)

12,588

2. Includes 48,065 shares held by the Claudia S. Toussaint Revocable Trust

03/01/2022

3. Reflects an award of restricted stock units pursuant to the Xylem 2011 Omnibus Incentive Plan which are scheduled to vest in one third increments on March 1, 2023, March 1, 2024 and March 1, 2025

(D)

4. Reflects an award of non-qualified stock options pursuant to the Xylem 2011 Omnibus Incentive Plan that are scheduled to vest in one third increments on March 1, 2023, March 1, 2024 and March 1, 2025.

Date Exercisable

(4)

Expiration Date

03/01/2032

Title

Common

## Remarks:

Stock Option

(Right to Buy)

/s/ Kimberly Rehm, by power of attorney for Claudia S. **Toussaint** 

\*\* Signature of Reporting Person

Amount or Number

of Shares

12,588

\$0.00

03/03/2022

Date

12,588

D

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Code

Α

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.